Commission for Mental Health Developmental Disabilities and Substance Abuse Services

Commission Meeting Minutes
February 24, 2003
Holiday Inn North, Raleigh, NC

Commission Members Present:

Pender McElroy (Chair), Dorothy Crawford, Pearl L. Finch, Ann Suggs, Martha Macon, Paul Gulley, Albert Fisher, Fredrica Stell, Donald Stedman, Bernard Sullivan, Ellen Holliman, Marvin Swartz, Martha Martinat, Lois Batton, Mansfield Elmore, Anna Scheyett, Lou Adkins, Raymond Reddrick, George Jones and Floyd McCullouch

Commission Members Absent:

Judy Lewis (excused), Pat Chamings (excused), Jeanne Fenner (excused), Emily Moore (excused), Joe Coulter (excused), William Sims (unexcused) and Ken Gerrard (unexcused).

Division Staff Present (DMH/DD/SAS):

Dr. Richard Visingardi, Director
Tara Larson, Deputy Director
Marilyn Brothers, Hearing Officer
Patti Escala
Jeff Horton, Facility Services

OTHERS PRESENT:

Erin Drinnin (Commission Intern), Jack Blackley (DMH/DD/SAS), Don Willis (DMH/DD/SAS), Stan Slawinski (DMH/DD/SAS), Chris Phillips (DMH/DD/SAS), Flo Stein (DMH/DD/SAS), Jim Jarrard (DMH/DD/SA), Charlotte Jordan (DMH/DD/SAS), Carol Duncan Clayton, (NC Council), Louise Fisher (Advocate Mental Illness MHA of NC), Bill Duffy (Success Inc.), Ben Aiken, Karen Andrews (Pathways), Bob Hedrick (CNC/Access), Mazie Fleetwood, (Randolph Co.), Steve Jordan (RESCARE), Janice Rossi (NCARF), Karen Salacki (Edgecombe-Nash MH/DD/SAS), Joe Donovan (NAMI), John Hardy (Catawba Co.), Mike Hrobak (Mecklenburg Co.), Charles Franklin (Albemarle MHC), Mike Mayer (NC Community Support Provider), Nena Reeves (Health Srvcs Personnel), Marian Hartman (DMH/DD/SAS), Fred Waddle (NC Community Support Provider Council), Robin Huffman (NC Psychiatric Assoc.), Dan Coughlin (Piedmont), Pam Shipman (Piedmont), Jean Overstreet (NC Council), Jennifer Mahan (MHA NC) and John Crawford.

Handouts:

Commission Minutes of Nov. 18, 2002, Communication Bulletin #007 Best Practice-Adult Mental Health, DMH/DD/SAS Reorganization Chart, State Hospital Bed Day Allocation Plan, Community Services Expansion and Hospital Downsizing, Advisory Committee Minutes of Jan. 9, 2003.

Call to Order

Pender McElroy, Chairman, called the meeting to order at 9:30 am. Pender noted that our country was on the verge of war and that our young men and women in the service would soon be in harm's way. Pender asked for a moment of silence.

All Commission members, staff and other attendees introduced themselves. Mr. McElroy read the Ethics Awareness and Conflict of Interest Statement and there were no responses.

Approval to Minutes

Commission members unanimously approved the minutes of the Commission meeting held on November 18, 2002 after noting revisions to be made noting that George Jones was present and adding the Dr. Llewellyn and the Long-Term Care Facilities resolutions. The revised minutes will be mailed out to all Commission members.

Report of Chairman

Mr. McElroy requested Commission members to complete and sign the budget/travel authorizations for the 2003 year.

Mr. McElroy informed members that the Division and Dr. Visingardi have made a commitment that the Commission will have the support and assistance to assist the Commission in its work. Mr. McElroy informed members that the chairs of the Committees and he will be meeting quarterly with Dr. Visingardi and his Executive Leadership Team. This will be a positive step for communication and better organization.

Mr. McElroy noted that there are several terms which expire in June 2003. Those interested in reappointment should make that interest known to the official making the appointment. Mr. McElroy stated that the new legislation has requirements for appointment that will now be in effect.

Director's Report

Dr. Richard Visingardi, Division Director, reported to the Commission on the two Communication Bulletin drafts and the final #007 Best Practice–Adult MH and gave an overview.

Dr. Visingardi announced that the Division is working on a new position, Chief of Clinical Policy, which will not be a traditional State Medical Director. This will be a physician whose role will be to provide sound clinical systems and policy direction, provide case management and work across systems.

Reorganization

Don Willis discussed the new organizational structure. All of the Section Chiefs have now been selected with the most recent one on board, Chris Phillips, the new Chief of Advocacy & Customer Services, whom you will hear from in a few moments. The Division is in the process of assigning staff to the various teams. The assignment of staff was facilitated by a survey that was done where each staff member was asked to indicate his/her preference as to where they would like to work in the new organization, and to the

extent that it was feasible, efforts were made to adhere to those preferences. By the end of this month, every staff person should know his or her assignment. The reorganization is not going to result in the loss of or any current staff person losing their jobs. The overall number of staff in the Division Central Office will be reduced due in large part to the requirement by the General Assembly during the last budget session that we reduce the number of positions. Total complement of positions will be smaller in the new organization as opposed to a year ago. Also, as a result of the reorganization and the downsizing of staff, the Division is going to consolidate the number of physical locations into three locations: the 11th, 5th and 6th floor of the Albemarle Bldg. Division will continue to occupy the space on Barrett Drive and space in the Jones Bldg. By the time of the next commission meeting, the Division should be operating under the new organizational structure with the kind of support that Pender mentioned earlier.

Advocacy and Customer Services

Chris Phillips, the new Chief of this section introduced himself and commended the Commission for the work it has done. He is in personal recovery from alcoholism and drug addiction for over 19 years, and due to having received services for his particular disability, he has maintained that recovery since that time. The recovery process and the services have done much to guide his life, both personally and professionally.

He began working in Human Services over 13 years ago. Most of that time, he worked in the Dept of Corrections providing addiction treatment to alcohol and drug addicted offenders, and worked in a variety of capacity in the Dept of Corrections. His own personal experience has also guided his personal time away from work. He has been involved in numerous initiatives to advance the concerns of various disability groups to connect people with services. He has served on boards of various advocacy organizations, and non-profit service provision organizations. He became aware of the new section in the Division and was immediately energized by the idea of including the consumer input into the organizational structure. He commented that in his own professional life over the years, he has always had a person-centered orientation. Most decisions that he has made as a counselor, supervisor, manager and director have been with the welfare of the client involved - how does it play out in terms of where the rubber meets the road ...with the actual services being provided to the clients has been the driving force behind a lot of his own decision-making professionally as well as personally. In the Dept of Corrections, he created a variety of programs that included methods to ascertain the input of and identify input from consumer and family members who influence the way services are provided. An entire system that includes a section that seeks out this type of input is bound to clinically evolve - clients and their families are going to receive improved services that are better quality services than they would have without the inclusion of this section. He was immediately galvanized when he realized that this reform involved the creation of this section.

He sees a number of responsibilities here, and one of them is on the part of providers, another is the many responsibilities on the part of the Division, but he can also see a consumer responsibility here. The system has opened itself up to consumers and their families, and the consumers need to step up and to provide needed input into their being invited to the system's opening itself up to the inclusion of consumer input - it's up to the

consumers and family members to provide that input -- and in an appropriate method to provide input to improve services.

Advisory Committee Report

Dr. Donald Stedman reported that the Advisory Committee met in January, which was the second in a series of Advisory Committee meetings designed primarily to give members input, perspective and information. He noted that the next Advisory Committee meeting on April 3 will take a closer look at local LME program development, some of the difficulties, some constructive ideas as to what the Commission might do in order to help facilitate the implementation of our reform plan, and what some of the ideas are that are emerging. The Commission Chair has charged the committee with revision the mission statement of the Commission, and this work is ongoing. Ellen Holliman's report gives the direction on that effort. This mission statement will be back to the April Advisory Committee as part of the agenda for more discussion. After that, it will be presented to the Commission for approval and adoption.

Community Services Expansion and Hospital Downsizing

Don Willis reported on this issue. Information on the community service expansion and hospital downsizing was passed out to Commission members. A major component of the mental health reform plan speaks to reducing reliance on state-run institutions and increasing reliance on community-based services as it applies to people with mental illness. During January and February, three information meetings were held across the state to explain how we are going about implementing the policy aspect of the reform plan and Don gave an overview of those presentations. Over the next four to five years, more emphasis will be placed on community care and using the hospitals only as backup. The target populations that the hospitals will serve at the end of this process are acute adult admissions, long-term adult admissions, acute adolescent admissions, acute older adult admissions and adults with MI/SA. In addition to these services, we will continue to provide services for special populations such as forensic patients, research protocol patients and deaf consumers. The services, which will be discontinued, are skilled and intermediate nursing, geriatric long-term, latency child and PRTF (adolescent residential) and the TB unit at Cherry Hospital at some point. The total number of beds that will be closed by 2006 is 854.

There were several questions and discussion regarding monitoring, LMEs and housing issues.

Marvin Swartz made a recommendation to draft a resolution that identifies the needs to protect the funds for community services expansion – $95 million. Pender McElroy asked that the Advisory Committee be working on this.

Bed Day Allocation

Don Willis reported to the Commission that the General Assembly required Division to submit a bed day allocation plan, and Division will be revising its 1996 plan. Effective July 1, 2003, the Division will begin allocating bed days out to Local Management Entities (LMEs) in four categories: Adult admissions, Adult long-term, Geriatric admissions and Adolescent admissions.

Don has chosen a small committee that is going to develop the operational steps for implementing this because questions have arisen as to what happens if a program over utilizes its bed day allocation; is there going to be a process for buying and selling bed days – is there going to be any incentive for any programs who under utilize their bed allocation? All those issues will be addressed through this workgroup.
Effective July 1, this is the process that will be used that will govern the use of the hospitals. This process will clearly place on the LMEs the responsibility for authorizing the utilization and admission to the state hospitals.

Piedmont Local Business Plan and Transition

On behalf of the Commission Mr. McElroy had invited Dan Coughlin, Area Director of Piedmont Behavioral Healthcare (Cabarrus, Rowan, Stanly and Union), and Pamela Shipman, COO of the Piedmont, to make a presentation to the Commission on Piedmont's Local Business Plan and how the plan would be implemented. A copy of the plan was given to Commission members. In arriving at the plan, the area authority involved everyone and received feedback from the people who either use the system, people who represent them such as advocacy organizations or local governments, and public and private agency partners. This feedback came throughout the process. There were two major committees involved – the Community Review Committee, which represented all of the community stakeholders, and the Consumer Family Advisory Committee (CFAC) made up of consumers and family members, and which was a subcommittee of the Community Review Committee. The CFAC processed the feedback and identified the areas to be addressed in the plan.

Consumerism is a big theme in the plan. Consumers will be involved in government and system planning, in monitoring and in CQI activities. There will be an office of consumer affairs. There will be a 1-800 call center number so that people can access the system and the doctor's office as well. A live person, not a recording, will answer. Each county will have at least two comprehensive community providers to be able to provide local access so that people have a choice of more than one place to go. These centers will be connected to the LMEs. Consumers will be directly enrolled through the computer system.

Core services agencies would start out as a department of the LME and would have offices in each of the four counties. The core services agency starts out as a department of the LME because one of the ways the reform and the practices will be driven is person by person through the service planning process with person-centered planning. This agency would have offices in the four counties but would focus on support planned development, some aspects of case management, guardianship and assessment.

Key concepts of the plan are:
- partnerships with consumers
- separation of service management from service delivery
- prioritization of services
- increased choices for consumers
- improved and easy access to care
- partnerships with providers

- having a global quality assurance system focusing on outcomes, performance and satisfaction
- implementation of best practices
- increased local collaboration
- expanded prevention and education activities

All of the above are based on new funding strategies.

Mr. McElroy thanked Mr. Coughlin and Ms. Shipman for the excellent presentation.

Senate Bill 163

Jeff Horton, Division of Facility Services, reported to the Commission on SB 163. This bill, enacted October 23, 2002, was passed in part to insure that education money followed children when they went out of their home county to another county. The sponsor of the bill was Sen. Tony Rand from Cumberland Co. This county believed it had always received a lot of children from other counties and estimated spending about $400,000.00 of county money to educate children that did not live in Cumberland County. Actually, other counties placed them there.

Charles Franklin noted that a regional provider is required by Medicaid to have professional liability for $1 – $3 million. Why is this not encouraged with residential programs that providers have this professional liability? He suggested that this Commission should explore this further and encourage that this be included in any type of legislation. Also, DMA should be encouraged to make this administrative leap. Pender McElroy asked Jim Jarrard to pass this information on to Don and Tara so that at the next Rules Committee meeting they could provide to us a summary of what might be involved. Jeff asked Charles if he could come to next Rules Committee meeting and present to them. He responded affirmatively.

Jeff reported the rules are still in the development stages. There were several questions asked and discussed. A Commission member suggested that the Commission take a future meeting to review different types of residential care, licensing and what the responsibility of the Commission is. Jeff commented that he would be happy to provide a presentation on the different types of facilities and what the Commission's role is. Pender asked that this be added to the list of items to be covered by Jeff at a future commission meeting.

Jeff informed the Commission that he will keep them updated on the progress of the rules. Hopefully, these rules will be effective July 1.

New Business

There was no new business to come before the Commission.

Public Comments

Mr. McElroy asked for comments from the public. There were no public comments.

Adjournment

There being no further business to come before the Commission, by unanimous consent the meeting was adjourned at 3:25 pm.

Minutes prepared by Patti Escala, Division Staff